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Reviewer: Validation Validation Hill 96786 Regular Certificate Validation Recular Certificate Validation Recular Certificate Validation Validation Recular Certificate Validation Validatio	Chertic At America and a major rate of the State of the S	1,630550	in which the Belleville countries to the Countries of the						
Variawa HI 96788 Begin Date: 10/27/2016 End Date: 10/27/16 Postar Family Home Required Certificates L(Q(1) Comply with all applicable requirements in this chapter; and comment: 10/27/16. Home is in compliance with all requirements. In come visit for a 2 person CCFFH recertification review made on 10/27/16. Home is in compliance with all requirements. In compliance with all requirements. In compliance with all requirements one will receive a 2 year 2 bed certification. Compliance Manager	Home Name: Mae Dawn Lagmay, CNA				1-630550-6	-			
Compliance Manager Compliance Manager Compliance Manager Compliance Manager Date This may Care Giver Date Date Date			06706		40070046	End Data	11/27/16		
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Compliance Manager Compliance Manager Primary Care Giver Date 10 2 7 110 Date	Foster Fámily I	lome Re	quired Certifi	cate		7-1454-6]-			
Compliance Manager Compliance Manager Date Notations Date Notations Date	6.(d)(1)	Comply with a	ll applicable requ	uirements in this cha	apter; and				
Compliance Manager Tablemou Primary Care Giver Date 10127110 Date	Comment:		************	~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
Primary Care Giver Date	Home visit for a Home will receiv	2 person CCFF re a 2 year 2 be	FH recertification ded certification.	on review made o	n 10/27/16. H	ome is in comp	oliance with all requireme	nts.	
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